STATE OF WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Health Care Financing

WHAT TO BRING WITH YOU

Eligibility for Wisconsin Works (W-2); Child Care Assistance (CC); FoodShare Wisconsin (FS); Family Medicaid (MA); Elderly, Blind and Disabled Medicaid (EBD), BadgerCare (BC) and Caretaker Supplement (CTS) cannot be determined until you give proof of certain required information. Suggestions for ways to show proof and which programs require that proof are listed below. Bring as many items on the list as you can to your interview. If you do not cooperate in giving us the information or proof we need, your application may be denied. Tell us what items you are not able to get so we can help you get them. Depending on your situation, you may be asked to give proof of items not listed below. Your worker will give you a list of other proof that is needed.

 $\sqrt{\ }$ = proof required if self declared information deemed questionable

		Program(s) Proof Requirement							
Required Information	Suggested Ways to Give Proof	MA	EBD	ВС	FS	CC	CTS	W-2	
Social Security Number (SSN)	Social Security card, award letter from Social Security Administration, or receipt for SSN application.	Self-declared				√	√	1	
Citizenship, Alien Status: Identity, Age and Relationship	Birth certificate, adoption papers, hospital or medical records, draft or military card, baptismal certificate, alien registration card, US Immigration form I-94, passport, or school records, court records, marriage certificate, divorce, or separation papers, or death certificate.	√ (Alien Status Only)				1	~	√	
School Enrollment or Other Status	Letter from school, report card, diploma, GED certificate or high school equivalency diploma.				*		*	1	
Monthly Rent or House Payment	Current rent receipt with landlord's name and phone number on it, lease or mortgage papers, real estate property tax statement, homeowner's insurance statement.		*		√				
Monthly Utility Expenses	Current utility and phone bills or statement from utility company.		*		1				
Savings Accounts	Current credit union or bank statements.		1					√	
Checking Accounts	Current credit union or bank statement.		1					√	
Insurance Policies	Life insurance policy and the insurance company's statement on the policy's current cash value.		1					1	

		Program (s) Requiring Proof							
Proof Needed	Suggested ways to Give Proof	MA	EBD	BC	FS	CC	CTS	W-2	
Burial Assets	Burial trust agreements, contract or deed for vault, casket or plot, and statement showing current value.		√						
Trust Funds	Trust agreement or court order.		1			1		1	
Other Savings or Investments: Certificates of Deposit, Retirement Accounts (including IRA and KEOGH accounts), Stocks or Bonds	Statement from stockbroker, copy of bonds, or current bank, credit union or savings and loan statement.		√					√	
Real Estate	Deeds or titles, real estate receipts or tax records and statement of current value from local business		√					✓	
Vehicles: (cars, trucks, boats, campers, snowmobiles, and other motorized vehicles)	Car title or registration, written statement from car dealer, loan papers or sales receipt, or State Division of Motor Vehicle statement.		1					1	
Earned Income	All check stubs received in the last 30 days or signed statement from employer that includes gross earnings and pay dates expected in for the next 30 days.	*	*	√	√	√	√	√	
Earned income (self employment)	Most recent income tax returns (including Schedules SE, F, or C) or bookkeeping records.	*	*	1	7	1	1	✓	
Child Care Expenses	Signed statement from the child care provider or receipts and bills.	*		*	√				
Student Loans, Grants, Scholarships and Fellowships	Financial aid award letter or receipt from the financial aid office showing date aid received and amount.		*			1			
Unearned Income: Unemployment Insurance Disability Insurance, Social Security, Retirement, Veteran's Benefits, Military Allotments	Award letter or copy of last check.	*	*	*	√	√	√	√	
Child Support (Received or Paid in another state)	Court order or payment record from other state.	*	*	*	1		1	1	
Pregnancy	Statement from doctor with estimated due date.	1							
Disability and Blindness or Incapacitation	Award letter from Social Security Administration or doctor's statement.		1		1				
Property: Land, Stocks, Bonds, Cash, Vehicles, etc. sold, traded, transferred or given away in the last 36 months	Deeds, sales agreement, contract or title, or dated and signed sales slip.		√				√		